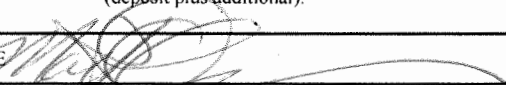


AO 435 AZ Form (Rev. 3/2018)		Administrative Office of the United States Courts  <b>TRANSCRIPT ORDER</b>		<b>FOR COURT USE ONLY</b> <b>DUE DATE:</b>	
1. NAME <b>Mark O'Connor</b>		2. PHONE NUMBER <b>602-530-8377</b>		3. DATE <b>8-28-18</b>	
4. FIRM NAME <b>Gallagher &amp; Kennedy</b>					
5. MAILING ADDRESS <b>2575 E. Camelback Road</b>		6. CITY <b>Phoenix</b>		7. STATE <b>Arizona</b>	8. ZIP CODE <b>85016</b>
9. CASE NUMBER <b>MD-15-02641-PHX-DGC</b>		10. JUDGE <b>David G. Campebl</b>		DATES OF PROCEEDINGS	
				11. <b>May 15, 2018</b>	12. <b>June 1, 2018</b>
13. CASE NAME <b>Doris Jones, et al vs. CR Bard, Inc. et al</b>		LOCATION OF PROCEEDINGS			
		14. <b>US District Court</b>		15. STATE <b>Arizona</b>	
16. ORDER FOR					
<input checked="" type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Designation of appeal only	
<input type="checkbox"/> BAIL HEARING					
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY  <input type="checkbox"/> PDF (e-mail)  <input type="checkbox"/> ASCII (e-mail)	
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL ADDRESS	
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				<b>NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.</b>	
19. SIGNATURE 					
20. DATE <b>8/29/18</b>					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED	DATE	BY	PROCESSED BY		PHONE NUMBER
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES		
TRANSCRIPT RECEIVED			LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		

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